

Statewide Quality Improvement Council
Membership Application

Please fill out both sides of the application

Applicant Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work: _____ Cell: _____

E-mail: _____ Fax: _____

What is the best time and method to contact you? _____

I am applying as a:

- ☐ Person with Lived Experience (Adult)
- ☐ Parent
- ☐ Family Member
- ☐ Youth/Young Adult (ages 14-25)
- ☐ State agency representative
- ☐ Agency/Provider/Organization employee

Please Send Completed Application To:

Diane Bouffard, Chair
Statewide Quality Improvement Council
PO Box 558
10 Caldwell Rd
Augusta, Maine 04332
maineqicchair@gmail.com
1-207-612-8996

Don't forget to complete the questions on the other side.

As part of the application process, we ask that you complete the following questions. We do not want you to disclose any information that would make you uncomfortable. You should share only that information that you feel comfortable in sharing.

Please describe your familiarity or knowledge of mental health and substance abuse services and/or the mental health and substance abuse system:

Please describe your experience in serving on boards, committees or advisory councils:

Please tell us why you would like to be considered for membership on the QIC:

Please describe any experience you have with parents, families or consumers:

Other information or experiences you would like to share: